

Entry Form Video PSA/Poster Contest

I hereby authorize the Vermont Department of Health to utilize my child's poster and/or video submission for use in various promotional activities including:

- News releases to the media;
- Reproduction in Health Department publications;
- Use on the Health Department website;
- Other non-commercial efforts as determined by the Vermont Department of Health Division of Alcohol and Drug Abuse Programs.

The only information that will be released to the media is your child's name, age and hometown. A separate entry form must be submitted for each youth member of a group submitting a project.

If you accept these terms and conditions, please complete and sign this form to accompany your child's entry into the Vermont Alcohol Awareness Month poster and video contest.

Date: _____

☐ **Video Submission** _____
(Age)

☐ **Poster Submission** _____
(Age)

(Last Name) (First Name)

(Address)

(City/Town and Zip)

Home Telephone Number: _____

(Name of Parent or Guardian – Please Print)

(Signature of Parent or Guardian)

Name of group if it is a group project submission:

Mail entry to: Corbett Sionainn, Public Health Specialist PO Box 70 108 Church Street Burlington, VT 05402 - 0070
